Health Plan Assessment Methods for the OPA

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Objectives

We were tasked with examining the methods used by the OPA to report on the performance of Managed Care Organizations (MCOs)

Specifically

- **The construction of composites**
- **Scoring for reporting**

Data

National HEDIS data from 2003-2005

National CAHPS data from 2003-2005

- Used to think about HEDIS validity as well as directly

Composition of Summary Performance Indicators

Recommendations:

- **Keep HEDIS and CAHPS scales separate**
- **HEDIS recommendations**
  - **Build 8 condition specific subscales from 29 measures**
  - **One overall scale from the 8 subscales**
- **CAHPS recommendations**
  - **Feature the CAHPS summary score separately, similar to current practice.**

HEDIS Scales

Cancer Screening (3)

Pediatric (4)

Chlamydia (2)

Obstetrics (2)

Asthma Medications (3)

Diabetes (6)

Cardiovascular (4)

Mental Health (5)

Some Options Considered and Rejected

We tried Staying Healthy, Living with Illness, and Getting Better scales

- Little empirical support

We tried a woman's health scale

- Little empirical support

Scale Cut Points

Establish top grades by aggregating the 99th percentile of measures based on 2005 data. Round to the nearest 5%.

Establish other cut points by subtracting 10% and 20% from the top cut point.

In future years, adjust the aggregates and the summary measure so that one year can be compared to the next.

How should the scoring use cut points?

Recommendations:

- **Allow for a performance buffer of 0.5%**
  - **Gives an MCO that is close to a cut point the benefit of the doubt**
  - **Based on a misclassification risk argument**
- **Do not use a significance test.**
  - **This avoids the awkward phenomena of an MCO with a higher score ending up in a lower category**